

Pacific University
College of Health Professions
Interdisciplinary Case Conference:
Palliative Care

March 5, 2010

Learning Objectives

- Discuss the philosophy of palliative care and the role of various disciplines in this arena
- Discuss common symptoms encountered in palliative care
- Describe legal and ethical considerations in dealing with terminal illness
- Discuss strategies for identifying patients who may benefit from palliative care

Care at the End of Life

Institute of Medicine

Committee for Care at the End of Life chair
Christine Cassel, M.D. reported that:

“Americans have come to fear that they will die alone, and that they will die in distress and pain.”

New York Times, 6/4/97



90% of respondents to NHO Gallup survey want to die at home

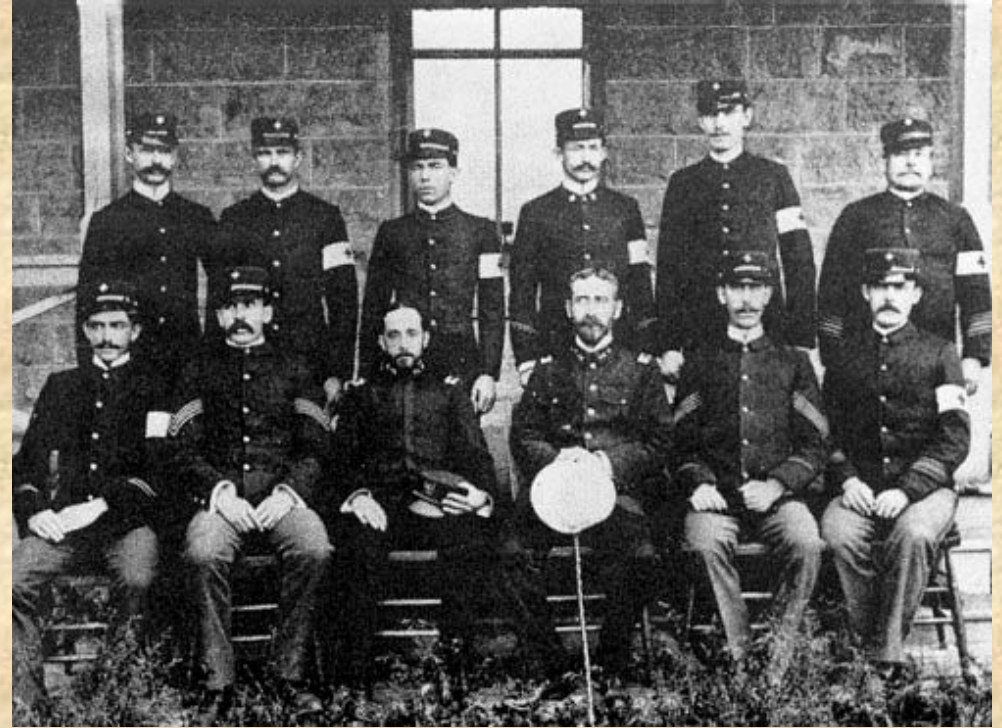
Place of death . . .



- **Death in institutions**
 - **1949 – 50% of deaths**
 - **1958 – 61%**
 - **1980 to present – 74%**
 - **17% nursing homes**
 - **20% home**
 - **6% other (1992)**

How Americans died in 1900

- Average life expectancy 47.3 years
 - male 46.3
 - female 48.3*
- Childhood mortality high
- Prior to antibiotics
- Healthcare focus on caring, comfort
- Most Americans cared for at home



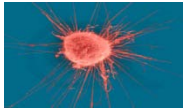
**Arias E. National Vital
Statistics Reports Volume
56, Number 9 December
28, 2007*

2006 Life Expectancy: 77.7 yrs
(Female: 80.2 yrs Male: 75.1 yrs)

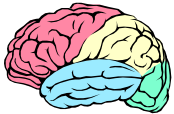
Common Causes of Death



1. Heart disease



2. Cancer



3. Stroke



4. Chronic lung diseases



5. Accidents



6. Diabetes mellitus



7. Alzheimer's disease

8. Influenza and pneumonia

9. Kidney disease

10. Septicemia

11. Intentional self-harm

12. Chronic liver disease

13. Hypertension

14. Parkinson's disease

15. Homicide

Health Care's shift in focus . . .

***Vast growth in:
Science, Technology
Public Health
Communication***

Marked shift in values, focus of North American society

- We “fight aggressively” against illness, & death
- Prolong life at all cost - “death denying society”
- Value productivity, youth, independence
- Devalue age, family, interdependent caring



. . . Health Care's shift in focus

Death “the enemy”

- organizational promises
- sense of failure if patient not saved

End of Life in America Today: The Reality

Modern health care

- only a few cures
- live much longer with chronic illness
- dying process also prolonged
- Implications in a productive-oriented society

Slow decline, periodic crises, sudden death



Curative vs. Palliative

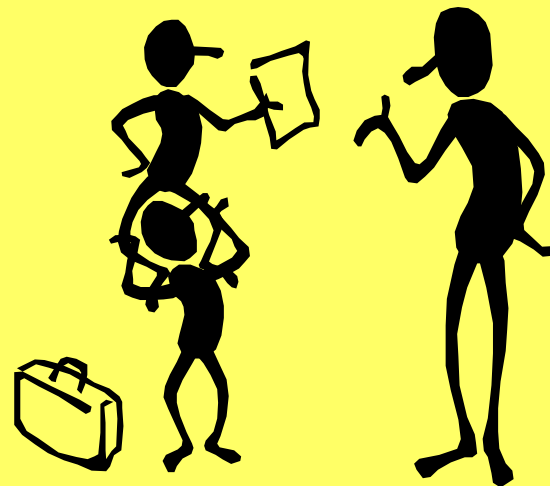
- Cure is the goal
- Analytical and rationalistic
- Based on diagnoses
- Scientific and biomedical
- Aimed at disease process
- Views patients as parts
- Based on “hard” sciences
- Impersonal care
- Hierarchical
- Death is seen as failure
- Symptom control
- Subjective
- Based on symptoms
- Humanistic and interpersonal
- Aimed at comfort
- Views patient as a whole
- Based on “soft” social sciences
- Individualized care
- Interdisciplinary
- Death is accepted as normal
 - Good death

Group Discussion

- As a group discuss **your perspectives on the focus of your training regarding curative vs. palliative approaches**
- Are you surprised by your colleagues answers?
- Are you surprised by your colleagues reactions?



10 minutes

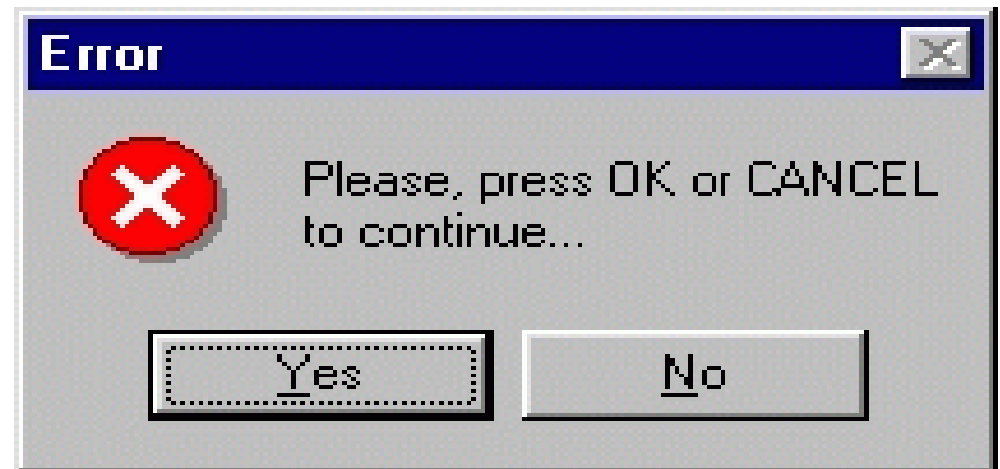


Definitions: What's in a Name?

Other “catch-phrases” used for Palliative Care:

- Hospice
- Supportive Care
- End-of-Life Care
- Comfort Care
- Symptom management
- Any others??

*Is it surprising we are
so confused?*

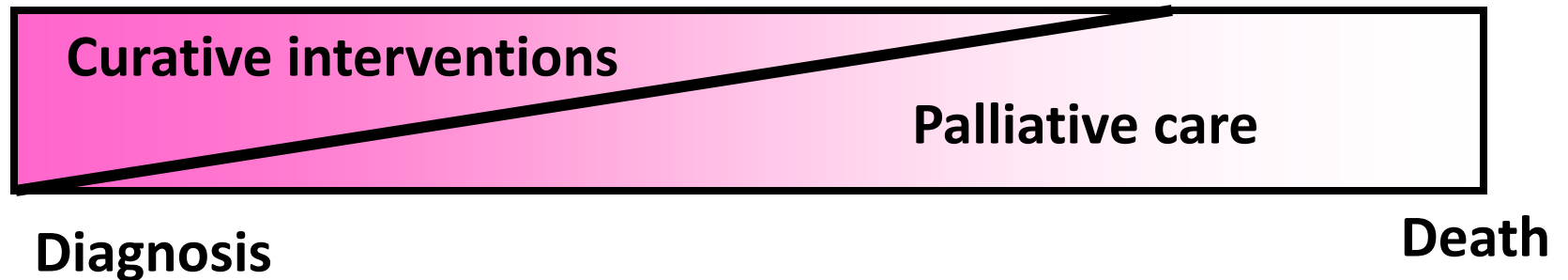


Initiation of Palliative Care

Current Model of Care



Optimal Model of Care



Adapted from Cancer Pain and Palliative Care.W.H.O., 1990.

Principles of Palliative Care

Palliative care:

- 1 respects the goals, likes, and choices of the dying person
- 2 looks after the medical, emotional, social and spiritual needs of the dying person
- 3 supports the needs of the family members
- 4 helps gain access to needed healthcare providers and appropriate care settings
- 5 builds ways to provide excellent care at the end of life

(Last Acts)

Personal Reflection Time



1-2 minutes

- Malia is a 87 year old Hispanic female with a litany of past medical conditions including hypertension, dyslipidemia, type 2 diabetes and osteoarthritis of the knees. She has recently been diagnosed with stage 3 colon cancer that is inoperable. Your palliative care team has been asked to assist her.
- Individually list as many symptoms and other areas to address as you can imagine in the next minute on a piece of paper.

Share your reflections



10 minutes

Now compare your list(s) with someone (others) from a different discipline.

1. Discuss how you came to your thoughts on these symptoms.
2. What expectations do you have from your discipline in managing these symptoms?
3. What expectations do you have from other disciplines to manage these symptoms?
4. Pick one symptom as a table and formulate a plan on how you will you begin to address this symptom?
5. How might culture affect your approach?

Controversies in Palliative Care: Prescriber-assisted suicide / euthanasia . . .

Ancient medical issue

Aiding or causing death

- prescriber-assisted suicide (PAS)
 - provide the means, patient acts
- euthanasia
 - perform the intervention
- Differing ethical codes & different laws/rules

Dilemma – Inga

- Inga is a 35 year old Caucasian patient who is experiencing excruciating pain due to advanced ovarian cancer. Her prognosis is poor and her oncologist has estimated she has less than a month to live. She has been referred to your palliative care team for care. Her first statement to your team is that she wants to die NOW and wants your team to prescribe something to end her life.
- How do you respond to a situation like this?
- What is Inga really asking for here?
- Discuss the legal and ethical issues from each team members perspective.



10 minutes

Why patients ask for P/PAS

The legal and ethical concerns . . .

Principles

- obligation to relieve pain and suffering
- respect decisions to forgo life-sustaining treatment

The ethical debate is ancient

US Supreme Court recognized

- **NO right to PAS**

The legal status of PAS can differ from state to state

Oregon is the only state where PAS is legal (as of 1999)

- **Washington State**

Supreme Court Justices supported

- **right to palliative care**

Are You a Barrier?



1 – 2 minutes

- Spend 1-2 minutes thinking about how you and/or your practice environment may be impediments to palliative care.
- Share your thoughts with your team and brainstorm how your team can promote an environment where palliative care can flourish.



10 minutes

Are you a barrier?